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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718325 (4)
1. Corporation Name

BLAIR HOUSE SOUTH - A CONDOMINIUM, INC.



Principal Place of Business: 9100 W BAY HARBOR DRIVE, BAY HARBOR ISLAND FL 33154
Mailing Address: 9100 W BAY HARBOR DR, BAY HARBOR ISLAND FL 33154-3802, US

3. Date Incorporated or Qualified: 03/20/1970
3a. Date of Last Report: 04/16/1996
4. FEI Number: 59-1379288
5. Certificate of Status Desired: Applied For, Not Applicable
6. Election Campaign Financing: \$8.75 Additional Fee Required, \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes, No

2. Principal Place of Business: 21 9100 W Bay Harbor Dr, Suite, Apt. #, etc.
22 City & State: 23 Bay Harbor Isl. Fl.
24 Zip: 33154, 25 Country: FLA, 26 Mailing Address: 26 9100 W Bay Harbor Dr, Suite, Apt. #, etc.
27 City & State: 28 Bay Harbor Isl. Fl.
29 Zip: 33154, 30 Country: FLA

STEARNS, MYRTLE
9100 W. BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent
81 Name: Myrtle W. Stearns
82 Street Address (P.O. Box Number is Not Acceptable): 9100 W. Bay Harbor Dr
83
84 City: Bay Harbor Islands, FL, 85 Zip Code: 33154

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: Myrtle W. Stearns, DATE: 4/10/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHMAELING, RICHARD	
STREET ADDRESS	9100 W BAY HARBOR DRIVE 10CE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBERG, DAVID S	
STREET ADDRESS	9100 W BAY HARBOR DRIVE 5AW	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	QUINLAN, TERRY	
STREET ADDRESS	9100 W BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LEPOUREAU, PIERRE L	
STREET ADDRESS	9102 W. BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33145	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	OSIAS, BETTY	
STREET ADDRESS	9100 W BAY HARBOR DRIVE 5DW	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Silvia Muskat	
1.3 STREET ADDRESS	9100 W. Bay Harbor Dr	
1.4 CITY-ST-ZIP	Bay Harbor Islands, Fla 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Nancy Brail	
2.3 STREET ADDRESS	9100 W Bay Harbor Dr	
2.4 CITY-ST-ZIP	Bay Harbor Islands, Fla 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	Secretary of Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kyle Rabin	
3.3 STREET ADDRESS	9100 W. Bay Harbor Dr	
3.4 CITY-ST-ZIP	Bay Harbor Islands, Fla 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	James Beinhardt	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	9100 W Bay Harbor Dr	
4.4 CITY-ST-ZIP	BH Isl 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.
SIGNATURE: Silvia Muskat, DATE: 4/10/97, Daytime Phone #: 305-865-0457

CR2E037 (9/96)